


FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 162-05		OMB Approval No. 0348-0038		Page 1		of 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) Tanana Chiefs Conference: Morris Thompson Cultural and Visitors Center 122 First Ave. Fairbanks, AK 99701									
4. Employer Identification Number 92-0040308		5. Recipient Account Number or Identifying Number 04065-7-002257			6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Funding / Grant Period From: (Month, Day, Year) 2/7/2005 To: (Month, Day, Year) 12/31/2006				9. Period Covered by this Report From: (Month, Day, Year) 10/1/2005 To: (Month, Day Year) 12/31/2005					
10. Transactions:				I Previously Reported		II This Period		III Cumulative	
a. Total outlays				313,790.00		0.00		313,790.00	
b. Recipient share of outlays						0.00		0.00	
c. Federal share of outlays				313,790.00		0.00		313,790.00	
d. Total unliquidated obligations									
e. Recipient share of unliquidated obligations									
f. Federal share of unliquidated obligations									
g. Total federal share (Sum of lines c and f)								313,790.00	
h. Total Federal funds authorized for this funding period								313,790.00	
i. Unobligated balance of Federal funds (Line h minus line g)								0.00	
11. Indirect Expense		a. Type of Rate (place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed b. Rate c. Base d. Total Amount e. Federal Share							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing Revision to reflect that all funds were expended prior to September 30, 2005.									
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.									
Typed or Printed Name and Title Duane Hoskins, Acting Controller						Telephone (Area code, number and extension) (907) 452-8251 Ext. 3270			
Signature of Authorized Certifying Official 						Date Report Submitted 3/9/2006			

Previous Editions not Usable

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

ACCEPTED